Dkf. Attachment: C# M# (1) RULE 181 PETITION DeLeys et al TC/A.U. 1648 Serial No. 10/822,871 Examiner: Blumell			IN THE UNITE	D STAT	ES PA	TENT	AND TRA	ADEMA	RK OFF	ICE			
DeLeys et al	In re Patent Application of						Attachment:		N				
Filed: April 13, 2004 Date: September 23, 2010 Title: SYNTHETIC ANTIGENS FOR THE DETECTION OF ANTIBODIES TO HEPATITIS CVIRUS Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature threeon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 Independent claims after amendment previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$0.00 Petition is hereby made to extend the current due date so as to cover the filing date of this One Month Extensions \$130.00 (1251)/\$0.00 (2251) True Month Extensions \$130.00 (1251)/\$0.00 (2251) Three Month Extensions \$130.00 (1254/\$0.00 (2251) Three Month Extensions \$130.00 (1254/\$0.00 (2253) Four Month Extension	DeLey	s et al		TC/A.U					(.,.				
Title: SYNTHETIC ANTIGENS FOR THE DETECTION OF ANTIBODIES TO HEPATITIS C VIRUS Commissioner for Patents P.O. Box 1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 20) = minus highest number previously paid for 3 (at least 3) = 0 x \$22.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$0.00 Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extensions \$130.00 (1251)/\$0.00 (2251) Three Month Extensions \$130.00 (1253)/\$0.00 (2252) Three Month Extensions \$130.00 (1255)/\$0.00 (2253) Four Month Extensions \$2350.00 (1255)/\$0.00 (2253) Four Month Extensions \$2350.00 (1255)/\$0.00 (2254) Five Month Extensions \$2350.00 (1255)/\$0.00 (2254) Five Month Extensions \$2350.00 (1255)/\$0.00 (2251) Septiment filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$0.00 Assignment Recording Fee \$40.00 (8021) \$0.00 CREDIT CARD PAYMENT FORM ATTACHED.	Serial I	No. 10/822,871		Exa	miner:	Blume	II						
Commissioner for Patents P.O. Box 1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment 0 minus highest number previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (2202) \$0.00 (1000) \$0.00 (1202)/\$0.00 (120	Filed:	April 13, 2004			Date:	Septe	mber 23,	2010					
P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-dentified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$0.00 (1002)/\$0.00 (1002)/\$0.00	Title:		TIGENS FOR THE DE	TECTIO	N OF A	NTIBOD	IES TO H	IEPATIT	'IS				
RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached.	P.O. B	ox 1450											
RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. Correspondence Address Indication Form Attached.	Sir:												
Total effective claims after amendment O	incorpo signatu	rated by referen re thereon.	indment/letter in the ice and the signature	above-io	dentifie serves	d applic as the	cation and signature	d includ					
previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ 0.00 Independent claims after amendment previously paid for 3 (at least 3) = 0 minus highest number \$0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ 0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2203) \$ 0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2253) \$ 0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2253) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1203)/\$0.00 (2253) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1251)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1251)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1251)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1251)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1251)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignore improper); add \$390.00 (1250)/\$0.00 (2251) \$ 0.00 Independent claims first time, (ignor	Fees a	re attached as	calculated below:										
Previously paid for 3									\$0.00 (1202)/\$0.	00 (2202)	\$	0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)\\$0.00 (2251) Two Month Extensions \$490.00 (1252)\\$0.00 (2252) Three Month Extensions \$1730.00 (1254)\\$0.00 (2251) Four Month Extensions \$1730.00 (1254)\\$0.00 (2253) Four Month Extensions \$1730.00 (1254)\\$0.00 (2254) Five Month Extensions \$1730.00 (1254)\\$0.00 (2254) Five Month Extensions \$1730.00 (1254)\\$0.00 (2255) Terminal disclaimer enclosed, add \$140.00 (1814)\\$0.00 (2814) \$0.00 Applicant claims "small entity" status.									\$0.00 (1201)/\$0.	00 (2201)	\$	0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)\\$0.00 (2251) Two Month Extension \$1490.00 (1252)\\$0.00 (2252) Three Month Extensions \$490.00 (1253)\\$0.00 (2253) Four Month Extensions \$1110.00 (1253)\\$0.00 (2254) Four Month Extensions \$2350.00 (1255)\\$0.00 (2255) \$ 0.00 Terminal disclaimer enclosed, add \$140.00 (1814)\\$0.00 (2814) \$ 0.00 Terminal disclaimer enclosed, add \$140.00 (1814)\\$0.00 (2814) \$ 0.00 Terminal disclaimer enclosed, add \$140.00 (1814)\\$0.00 (2814) \$ 0.00 Terminal disclaimer enclosed, add \$180.00 (1806) \$ 0.00 Termin	If prop	er multiple depe	indent claims now a	dded for	first tin	ne, (ign	ore impro			0000	00000	•	0.00
Terminal disclaimer enclosed, add Applicant claims "small entity" status. Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$0.000 Assignment Recording Fee \$40.00 (8021) \$0.000 Other: TOTAL FEE \$0.000 CREDIT CARD PAYMENT FORM ATTACHED.				ent due	Or Two Three Fo	ne Mont Month Month ur Mont	h Extension Extension Extension Extension Extension the Extension the Extension the Extension the Extension Extension Extension Extension the	filing da sion \$13 ons \$49 ons \$11 sions \$1	ate of thi 30.00 (12 90.00 (12 10.00 (12 1730.00 (s 51)/\$0.00 52)/\$0.00 253/\$0.00 1254/\$0.	(2251) (2252) (2253) (2253) 00 (2254)		
□ Applicant claims "small entity" status. □ Statement filed herewith \$180.00 (1806) \$ 0.00 Rule 56 Information Disclosure Statement Filing Fee \$40.00 (8021) \$ 0.00 Assignment Recording Fee \$40.00 (8021) \$ 0.00 Other: TOTAL FEE \$ 0.00 □ CREDIT CARD PAYMENT FORM ATTACHED. TOTAL FEE \$ 0.00	Termi	nal disclaimer er	nclosed, add								. ,		
Assignment Recording Fee \$40.00 (8021) \$ 0.00 Other: \$ 0.00 CTHER \$ 0				☐ St	atemer	nt filed h	nerewith		,	,	,		
Other: \$ 0.00 TOTAL FEE \$ 0.00 CREDIT CARD PAYMENT FORM ATTACHED.	Rule 5	6 Information Di	isclosure Statement	Filing Fe	ee					\$180.00	(1806)	\$	0.00
Other: \$ 0.00 TOTAL FEE \$ 0.00 CREDIT CARD PAYMENT FORM ATTACHED.	Assia	ment Recording	Fee							\$40.00	(8021)	\$	0.00
☐ CREDIT CARD PAYMENT FORM ATTACHED.		-	,								. ()		
		DEDIT CAD	D DAVMENT E	OPM	A TT A	CHE	_			то	TAL FEE	\$	0.00
								t ony c	(orna) (m.	ont in the	foo(s) file	d or	

asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

NIXON & VANDERHYE P.C. By Atty: B. J. Sadoff, Reg. No. 36,663

BJS:pp

Signature: /B. J. Sadoff/